STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011799	A. BUILDING _____ B. WING _____	R 01/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN TREE AT POST ROAD	8800 SPOON DRIVE INDIANAPOLIS, IN 46219

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on 11/10/2010. This visit was in conjunction with the Investigation of Complaint IN00082417. Survey dates: January 5 and 6, 2011 Facility Number: 011799 Provider Number: 011799 AIM Number: N/A Survey Team: Diana Zgonc, RN TC Christi Davidson, RN Census Bed Type: Residential: 33 Total: 33 Census Payor Type: Other: 33 Total: 33 Sample: 3 Green Tree At Post Road was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the State Residential Licensure Survey. Quality review 1/07/11 by Suzanne Williams, RN	{R 000}		